



Montana Department of Public Health and Human Services  
PO Box 202951, Helena, Montana 59620-2951  
Website: [www.hmk.mt.gov](http://www.hmk.mt.gov) ♦ E-mail: [hmk@mt.gov](mailto:hmk@mt.gov)  
1-877-543-7669 (Free call)



# About Healthy Montana Kids



- Free or low-cost health coverage for Montana children and teens up to age 19
- Covers pre-existing conditions
- Covers the care Montana children need most:
  - Immunizations
  - Well-child checkups
  - Vision care
  - Dental care
  - Prescriptions
  - Hospital stays
  - Physicals
  - Lab and x-ray services
  - Ambulance services
  - Mental health services

**NOTE: Benefits for HMK and HMK *Plus* may vary. When in doubt, please verify whether the service you intend to provide is a covered benefit.**

# History of HMK



Initiative 155 (November, 2008)

HMK Plan Act

**HMK Program**

A diagram showing the flow from the HMK Plan Act to the HMK Program. A straight arrow points down from "HMK Plan Act" to a large, bold, curved arrow labeled "HMK Program". From the ends of this curved arrow, two straight arrows point down to two separate boxes, one for "HMK Plus" and one for "HMK".

## HMK Plus

- Formerly known as Children's Medicaid
- Children 0-133% FPL
- Children up to age 19
- HMK *Plus* provider reimbursement rate
- HMK *Plus* Benefits

## HMK

- Formerly known as CHIP
- Children 134-250% FPL
- Children up to age 19
- HMK provider reimbursement rate
- HMK Benefits

# HMK Quick Facts

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- As of February, 2012, Healthy Montana Kids covered just over **89,000** children statewide
- Over **700** Enrollment Partners statewide assist families with applying for Healthy Montana Kids
- Over **260** hospital and clinic personnel at **57** facilities statewide are trained to determine **Presumptive Eligibility** for HMK

# HMK *Plus* ID Card



Mary Smith  
Member No. 1234567  
DOB 99/99/9999



Oberthur C.S. 04 92128 8/09

**Members:** This is your permanent Healthy Montana Kids Plus ID card. Present this card to your health care provider. For information on covered services, refer to your Montana Medicaid Handbook or call 1-800-362-8312 or visit [www.hmk.mt.gov](http://www.hmk.mt.gov). For health care advice, call Nurse First at 1-800-330-7847.

**Providers:** Verify eligibility through the WebPortal or Faxback. For assistance, contact Provider Relations at 1-800-624-3958 or [MTPRHelpdesk@acs-inc.com](mailto:MTPRHelpdesk@acs-inc.com). For Passport enrollment or caseload questions, contact 1-800-362-8312 or visit [www.mtmedicaid.org](http://www.mtmedicaid.org). Send paper claims to: Claims Processing Unit, P.O. Box 8000, Helena MT 59604.

## PROVIDER RELATIONS

HMK *Plus*/Medicaid: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com) or 1-800-624-3958

## PRIOR AUTHORIZATION




HMK *Plus*/Medicaid (Physical Health Services): 1-800-262-1545 ext. 585


HMK *Plus*/Medicaid (Mental Health Services): 1-800-770-3084



**ON-LINE CODING & REIMBURSEMENT INFORMATION:** [www.mtmedicaid.org](http://www.mtmedicaid.org)

# HMK ID Card



 <b>BlueCross BlueShield of Montana</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Plans.</small>	
Subscriber Name <b>James Smith</b>	
Health Plan ID: <b>YDA802985154</b>	
Plan Code: <b>751</b> Group No.: <b>X59620101</b> BIN: <b>610455</b> PCN: <b>HMBC</b> Group Name: <b>Healthy Montana Kids</b>	Copay: Office \$3 Inpatient \$25, Outpatient \$5 Up to \$215 family max



 <b>BlueCross BlueShield of Montana</b>	<b>www.bcbsmt.com</b>
Plan notification: Call customer service for inpatient admissions, surgeries and major medical procedures. For emergency/urgent services, call within 24 hours of the next working day.  BCBSMT only provides administrative claims payment services for Healthy Montana Kids Plan and does not assume any financial risk or obligation with respect to claims.	Customer Service: <b>1-800-447-7828</b>
	Outside of Montana
	Provider Locator: <b>1-800-810-2583</b>
	Pharmacy Customer Service: <b>1-866-325-5230</b>
	Nurse First*: <b>1-800-330-7847</b>
	Dental Claims ACS*: <b>1-800-624-3958</b>
	* not a Blue Cross Blue Shield product.
	To submit dental claims: ACS, P.O. Box 8000, Helena, MT 59604
	To submit dental claims due to an accident: HMK, P.O. Box 4309, Helena, MT, 59604
	Submit all other claims to BCBSMT: P.O. Box 5004 Great Falls, MT 59403
	Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan. Blue Cross and Blue Shield of Montana is an independent licensee of the BlueCross and BlueShield Association.
	 <b>PRIME</b> Pharmacy Benefits Administrator.

## PROVIDER RELATIONS

HMK/BCBSMT [HCS-x6100@bcbsmt.com](mailto:HCS-x6100@bcbsmt.com) or 1-800-447-7828

## PRIOR AUTHORIZATION

HMK/BCBSMT: 1-800-447-7828 or 406-437-7863 (Fax)

ON-LINE PROVIDER INFORMATION: [www.hmk.mt.gov](http://www.hmk.mt.gov)

# New To HMK

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## Presumptive Eligibility

- The next segment of this presentation includes updates for Presumptive Eligibility. Included are definitions, how the process works, examples of documents, how to verify coverage, how to submit claims, and more

## Prospective Payment

- The second half of the presentation discusses Prospective Payment, with important information for Rural Health Clinics and Federally Qualified Health Centers about this new claims submission and reimbursement methodology

# Presumptive Eligibility (PE)



- **Immediate** temporary coverage for children who qualify for HMK or HMK *Plus*
- Eligibility is determined by trained providers at the time of service.
- Providers get paid for serving uninsured and/or underinsured children. One Montana hospital reported recovery of over \$115,000 during their first six months of utilizing Presumptive Eligibility.
- The process for long term enrollment in HMK or HMK *Plus* begins



# Eligibility and Coverage

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- PE coverage is temporary
  - For long-term coverage, families must complete and submit a standard HMK application with appropriate documentation
- Child may only have one PE period in 12 months
- Coverage will last no longer than the end of the month following determination of Presumptive Eligibility
- Eligibility is based on family size and adjusted gross monthly income
- Covered services for eligible children are equal to those for all members of HMK or HMK *Plus* (whichever applies)

# The Presumptive Eligibility Process

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- A trained Qualified Entity (QE) identifies an uninsured/underinsured child and gives the family a Presumptive Eligibility application. Hospital personnel are currently being trained as QEs, with other provider groups to be included at a later date.
- A parent/guardian completes the short application.
- The QE assesses information on the application and determines eligibility.
- If eligible, all children in the family receive temporary (presumptive) health coverage.

# Qualified Entities. . .

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- Give PE applications to families in need of immediate services
- Evaluate application information and determine eligibility for HMK or HMK *Plus*
- Provide the family with a Proof of Temporary Coverage letter and a copy of the signed PE application

# Which coverage do children have?



To document coverage with either HMK or HMK *Plus*, parents receive a copy of the signed and approved application. Information shown below can be found on the second page of the application form:

HMK *Plus*  
or HMK?



**FOR OFFICE USE ONLY. Presumptive Eligibility Determination (Qualified Entity must complete this section)**

Presumptive Eligibility (PE) is temporary health care coverage for children under age 19. Coverage for an eligible child will end the month following the month of this determination, but may end sooner. Children with existing HMK or HMK *Plus* coverage are not eligible for PE. QE: Verify if the child is covered at: [www.mtmedicaid.org](http://www.mtmedicaid.org) OR FAX 1-800-714-0075 OR Voice Response 1-800-714-0060. NOTE: All information is accepted by self-declaration.

Child Seeking Services: First & Last Name: \_\_\_\_\_ Gender: M or F

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ NOTE: If the child is over age 19, STOP HERE. The child is not eligible.

All eligible children in the household will be enrolled. Give the first name of any child you do NOT want covered: \_\_\_\_\_

Income (Complete the following): Family Size: \_\_\_\_\_ Family Monthly Gross Income: \$ \_\_\_\_\_

Determination: Eligible For: ☐ HMK *Plus* ☐ HMK ☐ Ineligible DATE DETERMINED: \_\_\_\_\_ (mm/dd/yyyy)

Qualified Entity: Facility \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

QE Name (Please Print): \_\_\_\_\_ QE SIGNATURE: \_\_\_\_\_

All applications must be completed and signed by a Qualified Entity

# Proof of Temporary Coverage Letter



- The Proof of Temporary Coverage letter documents children's coverage groups and should be reviewed when children seek health care services during Presumptive Eligibility
- Providers need to verify eligibility at every visit (see how on the next slide)
- **NOTE: Please notify the family if you do not participate with HMK or HMK Plus**

**HEALTHY MONTANA Kids**

## Proof of Temporary Coverage

Dear Provider:

The child(ren) listed below have temporary health coverage through Presumptive Eligibility for HMK or HMK Plus. Temporary coverage can last up to 60 days past the effective date given below. Providers must verify eligibility prior to providing services and submitting claims to ensure payment.

Verify Presumptive Eligibility for either HMK or HMK Plus via:

- Web Portal at [www.mtmedicaid.org](http://www.mtmedicaid.org) (click on Montana Access to Health link);
- FAX Back at 1-800-714-0075; or
- Automated Voice Response at 1-800-714-0060

Services covered under temporary coverage are the same as those covered under standard HMK or HMK Plus enrollment.

Child's Name (first and last)	Social Security Number	Effective Date of Coverage	Check the appropriate coverage group	
			HMK	HMK Plus

If you have questions concerning Presumptive Eligibility, please call HMK at 1-877-543-7669.

Signature of Qualified Entity Representative \_\_\_\_\_

Name of Qualified Entity Determining Presumptive Eligibility (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Healthy Montana Kids • PO Box 202951 • Helena, MT 59620-2951 • 1-877-543-7669 • [www.hmk.mt.gov](http://www.hmk.mt.gov)

# Verify Coverage for All Services



- Determine child's status:
  - Does the child have HMK or HMK **Plus**?
  - Does the child have a current PE determination?
  - Has the child had a PE determination in the last 12 months? (See ***examples of the web portal site*** on the next three views)
- **Check status** via:
  - Web Portal - [www.mtmedicaid.org](http://www.mtmedicaid.org)
  - FAX Back - 1-800-714-0075
  - Automated Voice Response - 1-800-714-0060

**NOTE: For additional information, call 1-877-543-7669 and ask for assistance with Presumptive Eligibility.**

# Verify Coverage (HMK/CHIP Presumptive Eligibility)



**mt.gov**  
Montana's Official State Website

**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**

**Montana Access to Health Web Portal** [Exit](#) [Help](#)

**HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS**

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response MONTANA MEDICAID TEST1

## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID:		NPI or Provider ID:	0001110902
Client Current ID:		Date of Service:	01/15/2011
Client Member ID:		Valid Request Indicator:	
Name:		Reject Reason Code:	
Address:		Follow-up Action Code:	
City:		Date of Death:	
County Code:		Trace Number:	201103814061225IT
State:	MT		
Zip Code:	593270000		
Date of Birth:	10/24/1992		
Gender Code:	M: Male		

### Eligibility Spans

[About HMK/HMKPlus](#)

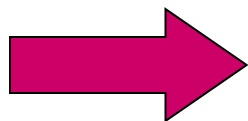
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	Presumptive Eligible	01/15/2011	02/28/2011

### Information Source Data

Organization/Last Name: Medicaid  
 Identification Code Qualifier: PI: Payor Identification  
 Contact Name: ACS Provider Services  
 Primary Identifier: 77039  
 Communication Number: 8006243958

### Information Receiver Data

Organization/Last Name: Atlanta Web Team  
 First Name: M.I.:  
 NPI or Provider Number: 0001110902  
 Portal ID of Requestor: zsandy



# Verify Coverage (HMK Plus Presumptive, Example 1)



**mt.gov**  
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID:		NPI or Provider ID:	0001110902
Client Current ID:		Date of Service:	01/15/2011
Client Member ID:		Valid Request Indicator:	
Name:		Reject Reason Code:	
Address:		Follow-up Action Code:	
City:		Date of Death:	
County Code:		Trace Number:	201103814085418IT
State:	MT		
Zip Code:	594210000		
Date of Birth:	06/22/1999		
Gender Code:	M: Male		

### Eligibility Spans

[About HMK/HMKPlus](#)

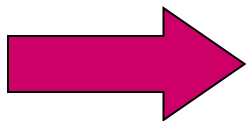
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Expanded	Presumptive Eligible	01/06/2011	02/28/2011

### Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification
Contact Name:	ACS Provider Services
Primary Identifier:	77039
Communication Number:	8006243958

### Information Receiver Data

Organization/Last Name:	Atlanta Web Team
First Name:	M.I.:
NPI or Provider Number:	0001110902
Portal ID of Requestor:	zsandy





# Verify Coverage (HMK Plus Presumptive, Example 2)



**mt.gov**  
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal [Exit](#) | [Help](#)

**HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS**

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response MONTANA MEDICAID TEST1

## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID:		NPI or Provider ID:	0001110902
Client Current ID:		Date of Service:	01/15/2011
Client Member ID:		Valid Request Indicator:	
Name:		Reject Reason Code:	
Address:		Follow-up Action Code:	
City:		Date of Death:	
County Code:		Trace Number:	201103814115132IT
State:	MT		
Zip Code:	593470000		
Date of Birth:	09/22/2005		
Gender Code:	M: Male		

### Eligibility Spans

[About HMK/HMKPlus](#)

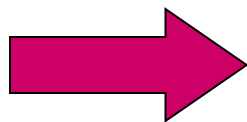
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Presumptive Eligible		01/05/2011	02/28/2011

### Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification
Contact Name:	ACS Provider Services
Primary Identifier:	77039
Communication Number:	8006243958

### Information Receiver Data

Organization/Last Name:	Atlanta Web Team
First Name:	M.I.:
NPI or Provider Number:	0001110902
Portal ID of Requestor:	zsandy



# Submit Claims



After the childrens' eligibility is entered into the Presumptive Eligibility system, the family receives an HMK Presumptive Eligibility notification Letter with the children's identification numbers listed. (ID cards are not issued for PE coverage.)

- Ask to see the HMK Presumptive Eligibility Notification Letter when children present for services

NOTE: There are different notification letters for HMK and HMK *Plus* (see examples on the following two views)

- Verify coverage for all dates of service

Coverage Type	Submit Claims to: ACS/Xerox	Submit Claims to: Blue Cross Blue Shield of MT
HMK <i>Plus</i>	X	
HMK		X
HMK Dental	X	

# Presumptive Eligibility HMK Letter



The HMK Presumptive Eligibility notification letter indicates claims should be submitted to Blue Cross Blue Shield of Montana. It also includes Pharmacy claim submission information.

Pharmacy

Claim Submission

-Healthy MT Kids (HMK/CHIP)  
PO Box 202951  
Helena MT 59620

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
STATE OF MONTANA  
BRIAN SCHWETZ  
GOVERNOR  
ANNA WILLING ECKRELL  
DIRECTOR

Helena MT

Mail Date: February 16, 2011  
Case #:  
Doc #:

Dear ,

Your request for Healthy Montana Kids (HMK) Presumptive Eligibility coverage is approved for the following child:

Recipient	Effective Date	Client ID#
	02/11/2011	

If you have any questions about HMK benefits, please contact Blue Cross Blue Shield of Montana toll-free at 1-800-447-7828. Medical claims must be submitted to Blue Cross Blue Shield of Montana. Note to Pharmacies: Pharmacy claims (may be submitted electronically) must be submitted to Prime and include the following information along with the Client ID number: Group Number X59935000 Group Name HMK PE Plan Code 751 BIN 610455 PCN HMBC

Presumptive Eligibility coverage may continue through 03/31/2011 or may end sooner if: 1) the child is determined eligible or ineligible for another program, 2) closure is requested, 3) the child leaves the state, or 4) another change occurs that affects the child's eligibility.

To apply for continued coverage for your child, complete a Healthy Montana Kids application online at [montanacommunityconnections.mt.gov](http://montanacommunityconnections.mt.gov) and send supporting documentation to HMK or fax the application and information to the HMK address/fax number listed on this notice. Call HMK at 1-877-543-7669 if you have questions or to request an application.

Please use this letter as an approval notice for providers to verify your child's coverage during this presumptive eligibility time period. You will not receive a Healthy Montana Kids ID card for presumptive eligibility coverage.

**PROVIDERS:** This letter verifies the child's eligibility on the date issued. You must verify current date eligibility by:

- Web Portal: [www.mtmedicaid.org](http://www.mtmedicaid.org)
- Fax Back: 1-800-714-0075
- Automated Voice Response: 1-800-714-0060

Coverage for this child is provided through the HMK Coverage Group. Submit claims to Blue Cross Blue Shield of Montana (BCBSMT).

# Presumptive Eligibility HMK Plus Letter



The HMK Plus  
Presumptive Eligibility  
notification letter  
indicates claims should  
be submitted to ACS

Claim Submission

-Healthy MT Kids (HMK/CHIP)  
PO Box 202951  
Helena MT 59620

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
STATE OF MONTANA  
BRIAN SODOFF, CLU  
GOVERNOR  
ANNA WHITING SORRELL  
DIRECTOR

Great Falls MT 59405

Mail Date: February 14, 2011  
Case #:  
Doc #:

Dear [REDACTED]

Your request for Healthy Montana Kids (HMK) Presumptive Eligibility coverage is approved for the following children:

Recipient	Effective Date	Coverage
	02/11/2011	Full
	02/11/2011	Full
	02/11/2011	Full

Presumptive Eligibility coverage may continue through 03/31/2011 or may end sooner if: 1) the children are determined eligible or ineligible for another program, 2) closure is requested, 3) the children leave the state, or 4) another change occurs that affects the children's eligibility.

To apply for continued coverage for your children, complete a Healthy Montana Kids application online at [montanacommunityconnections.mt.gov](http://montanacommunityconnections.mt.gov) and send supporting documentation to HMK or fax the application and information to the HMK address/fax number listed on this notice. Call HMK at 1-877-543-7669 if you have questions or to request an application.

Please use this letter as an approval notice for providers to verify your children's coverage during this presumptive eligibility time period. You will not receive a Healthy Montana Kids ID card for presumptive eligibility coverage.

**PROVIDERS:** This letter verifies the children's eligibility on the date issued. You must verify current date eligibility by:

- Web Portal: [www.mtmedicaid.org](http://www.mtmedicaid.org)
- Fax Back: 1-800-714-0075
- Automated Voice Response: 1-800-714-0060

Coverage for these children is provided through the HMK Plus Coverage Group. Submit claims to ACS.

The following information is provided to help you receive medical care using the Medicaid program:

- Make sure your health care provider accepts Medicaid prior to receiving services.
- If you do not inform your provider that you have Medicaid, you may be

# Prospective Payment

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- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) enacted a change to the payment methodology for reimbursing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).
- As of October 1, 2010, Healthy Montana Kids (HMK) implemented the Medicaid Outpatient Prospective Payment System (PPS) for clinic services provided in a FQHC or a Rural Health Clinic (RHC).
- FQHC's and RHC's will be paid Medicaid PPS rates for clinic services provided to HMK-eligible children.

# Prospective Payment



- **How should bills be submitted for clinic services provided in an FQHC or RHC?**
  - Bill all services performed on or after October 1, 2010 on a **UB-04**.
  - Active revenue codes for HMK are 512 (Dental), 521 (Clinic Medical) and 900 (Mental Health).
  - Use the Electronic Payer ID that you use for standard Medicaid claims.
  - Use your **facility** NPI number rather than the provider NPI number.
  - Send bills to ACS, PO Box 8000, Helena, MT 59601 or bill electronically.
  - Use the patient ID on client's HMK benefit card but strip off the "YDA" from the front of the number.

# Prospective Payment

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## **Are copays needed for clinic services?**

- Copays are not needed for clinic services at FQHC's and RHC's.

## **Are only face-to-face visits with a physician or midlevel provider covered?**

- You will only be paid for face-to-face visits with a physician or midlevel provider.
- The billing code for your provider visit should be the first line of the bill

## Are dental services subject to the program limits?

- Yes.
- To prevent denials, submit separate dental, mental health and medical claims if the services are provided on the same day.



# Prospective Payment

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## **How are bills submitted for hospital services provided at or billed through an FQHC or RHC?**

- Services provided in a hospital are billed to Blue Cross Blue Shield of Montana (BCBSMT) on a CMS-1500.
- Only clinic services are eligible for PPS payments.
- Copays do apply for hospital services.
- The billing address is BCBSMT, PO Box 5004, Great Falls, MT 59403.

# Prospective Payment

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**How are ancillary services, e.g. x-rays provided in the hospital or lab tests performed in a reference lab, billed?**

- Those services are billed on a CMS-1500 to BCBSMT by the organization providing the services. For instance, lab tests sent to a reference laboratory are billed directly to BCBSMT by that reference laboratory.
- Copays apply for ancillary services.

# Prospective Payment

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**How are bills for dates of service on or before September 30, 2010 submitted?**

- Send those bills to BCBSMT on a CMS-1500.

# Prospective Payment

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Please do not hesitate to contact Liz LeLacheur, HMK Program Officer, with any questions at 877-543-7669, extension 6002 or by email [elelacheur@mt.gov](mailto:elelacheur@mt.gov).